	V
ARIZONA STATE BOARD OF HEALTH 135	
BUREAU OF VITAL STATISTICS State File No	······
1. PLACE OF BIRTH Registered No	
County Dila State angona	
District or Township Line Oul	•••••
City Mann No K-6	••••••
(If birth occurred in a hospital or institution, give its NAME instead of street and number	
2. Full name of child weret Seonard Onled [If child is not yet named, m supplemental report, as direct 3. Sex of Child To be accounted ONLY A Twin triplet on other	ake ted.
3 of Deal of China 10 He answered UNL1 4. 1 will, triplet of other	
male in event of plural births. 5. No., in order of birth 4	28
S HABITED	
Full name Everet Levard Suced Full maiden name Sarah Elizabeth Farm 9. Residence	IN.
(Usual place of abode) Manni My (Usual place of abode) Mianni , Ary.	
If non-resident, give place and state.	
16. Color or race	
White 11. Age at last birthday 33 (Years) White 17. Age at last birthday 33 (Ye	arel
12. Birthplace (city or place)	-1.7 /
(State or country) (State or country)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(State or country) Unginia (State or country) Unginia 13. Occupation Repair man, Crushe 19. Occupation Housewife Nature of industry Plant, Copple mine Nature of industry	
Nature of industry Plant, Copple mine Nature of industry	
20. Number of children of this mother	oph-
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead 0 thalm's neonatorum.	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *	
	rander der State Der State der State Der State der State
(Born alive or stillborn)	ated.
* When there was no attending physician or midwife, then the father, householder, Signature	
etc. should make this return. A stillborn child is one that neither breathes nor	
shows other evidence of life after birth.	المنافقة المنافة
a supplemental report. Address Mann , Aug	
Month, day, year	
Registrar, Filed Cfr 20, 1988 6-6. OTH	******
Registrar	

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